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ARIZONA STATE	BOARD OF HEALTH
1. PLACE OF BIRTH BUREAU OF	VITAL STATISTICS State File No
	TIFICATE OF PRTH . Registered No.
County	State State
District or Township	or Village
City No. Class of St., Wash	
2. Full name of child Jose John Bra	(If child is not yet named my)
3. Sex of Child To be mswered ONLY \ 4. Twin, triplet or oth	er 6. Legitimate?
in event of plural births. 5. No., in order of birth	h Month Day Year'
8. FATHER	14. MOTUEP
Full name Miriano Brack amonte	Full maiden name Cleotilda Ramiriy
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or raco	16 Color or race
Week (Can 11. Age at last birthday	7) They (Car 17. Age at last birthday 6 (Years)
12. Birthplace (city or place) Sonor q	18. Birthplace (city or place) Llob
(State or country) Muxico	(State or country)
13. Occupation	19. Occupation
Nature of industry Cofo for	Nature of industry Horamonde
20. Number of children of this mother	and now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive by (c) Stillborn	but now dead O thalmia neonatorum?
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	OG PHYSICIAN OR MIDWIFE* 010 FL
*When there were no extending - built	(Born slive or stillborn.)
etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth. Given name added from	(P.lysician or midwife).
a supplemental report Address Address Address	Meanie Ang 300
Filed	Ch 28 18 La Torre.
Registrat	Registrar
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